

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 763289	RECEIPT DATE:	02 / 21 / 01
IA NUMBER:	PCT/ CN00 / 00028	IA FILING DATE:	02 / 17 / 00
FAMILY NAME:	LI	DELAY WAIVED (Y/N):	N
GIVEN NAME:	DAOBEN	DEMAND RECEIVED (Y/N):	N
PRIORITY CLAIMED (Y/N):	N	PRIORITY DATE:	02 / 17 / 01
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	LKAR01US	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER: 000000 TELEPHONE 0000000000 FAX		

NAME: DAVID NEWMAN CHARTERED

STREET: P O BOX 2728

CITY: LA PLATA

STATE/COUNTRY: MD ZIP: 206462728

EMAIL:

APPLICATION TITLES:

SPREAD SPECTRUM MULTIPLE ACCESS CODING METHOD WITH ZERO CORRELATION WI
NDOW

TAB TO LAST POSITION,PUSH SEND



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
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Bib Data Sheet

CONFIRMATION NO. 5319

SERIAL NUMBER 09/763,289	FILING DATE 02/21/2001 RULE	CLASS 709	GROUP ART UNIT 2151	ATTORNEY DOCKET NO. LKAR01US	
APPLICANTS Daoben LI, Beijing, CHINA; ** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/CN00/00028 02/17/2000 ** FOREIGN APPLICATIONS ***** None AS ** SMALL ENTITY **					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance AS Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY CHINA	SHEETS DRAWING 3	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 1
ADDRESS David Newman Chartered Centennial Square P O Box 2728 La Plata, MD 20646-2728					
TITLE Method for Spread Spectrum Multiple Access Coding with Zero Correlation Window					
FILING FEE RECEIVED 860	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		